2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35077

Apr 30, 2009 Secretary of State

Entity Name: CATHEDRAL OF DELIVERANCE, INC.

Current Principal Place of Business: New Principal Place of Business: 1939 BELVEDERE ST. JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** PO BOX 40771 JACKSONVILLE, FL 32203 FEI Number: 59-2976834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EICHELBERGER, SR., CHARLES B MR. EICHELBERGER, SR., CHARLES B MR. 1850 OAKCHIME DR 3457 MAINARD BRANCH COURT ORANGE PARK, FL 32065 FLEMING ISLAND, FL 32003 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 04/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition EICHELBERGER, SR., CHARLES B MR. EICHELBERGER, SR., CHARLES B MR. Name: Name: 1850 OAKCHIME DR Address: 3457 MAINARD BRANCH COURT Address: City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: FLEMING ISLAND, FL 32003 Title: Title: () Change () Addition () Delete EICHELBERGER, JR, CHARLES B MR. Name: Name: Address: 5375 ORTEGA FARMS BLVD. #1007 Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: () Change () Addition DENSON, SR., GARRY L MR. Name: Name: 1804 LAURA ST. Address: Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: EICHELBERGER, CYNTHIA D MRS. Name: EICHELBERGER, CYNTHIA D MRS. 1850 OAKCHIME DR 3457 MAINARD BRANCH COURT Address: Address: ORANGE PARK, FL 32065 City-St-Zip: City-St-Zip: FLEMING ISLAND, FL 32003 Title: () Delete Title: () Change () Addition EICHELBERGER, VERA MRS. Name: Name: 1367 EAGLE COVE ROAD, S. Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: () Change () Addition HOOKS, SR., ROBERT L MR. Name: Name: Address: 3454 COMMONWEALTH AVE. Address: JACKSONVILLE, FL 32254 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES B. EICHELBERGER, SR. PD 04/30/2009 Date